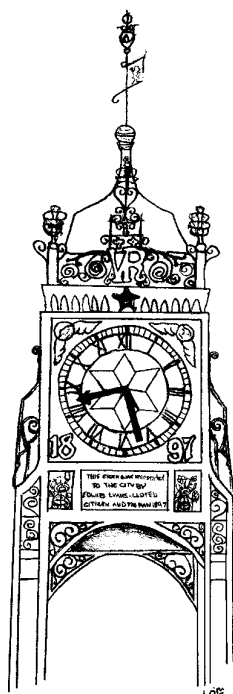


## Chester chronicles



EASTGATE CLOCK, CHESTER

### Why is it?

Why is it that every time I go to get a cup of coffee from the clinic coffee room the kettle is empty?

Why is it that the only time I ever meet the chief executive in the hospital corridor is on that one occasion when I have nipped out to the supermarket to buy some groceries, and he chooses to have a serious conversation with me in the corridor while I'm carrying a plastic shopping bag?

Why is it that the last patient in the evening clinic always seems to enthusiastically produce a hand written list of detailed symptoms and questions, which they prepared meticulously over the past few weeks, and want explored in minute detail?

Why is it you can never find a pencil to label the glass slide?

Why is it the phone always stops ringing in your office after you've legged it down two corridors to get there?

Why is it that when you try and return that urgent call, or answer your bleep, the phone is always, always engaged? I think they do it deliberately, you know. They just phone, leave a message to "phone me back," then take the phone off the hook and sit there laughing at the thought of me trying to get back to them.

Why is it that the one time you can't find your automatic car park barrier pass, is at the end of the evening clinic when the car park is empty, you've no money in your pocket, and you had only just the other day removed all the dropped coins found down behind the driver's seat.

Why is it that the 90% trichloroacetic acid always manages to burn a hole in your best trousers, usually as you are about to head off to some significant meeting.

Why is it that the cryotherapy gas cylinder is always almost empty whenever I want to use it?

Why is it that members of the discretionary points committee never seem to acquire an STD or anything requiring the services of a genitourinary medicine consultant?

Why is it that as soon as you get ethics committee approval (after six months of endless bureaucracy) the condition that needs to be studied suddenly becomes as rare as hen's teeth?

Why is it that a completely obvious mips-print in that article you have had proof read by all and sundry only becomes obvious when it's irrevocably printed in the journal?

Why is it that every time I switch on the computer for internet or email somebody moves the clock on 2 hours?

Why is it that I always get the dictaphone with the dodgy batteries?

Why is it always the full and complicated dictated tape that goes missing or gets mangled in the transcriber?

Why is it that the one HIV result you guaranteed would be ready for the patient at 4 pm is always "equivocal" or else, to use that well known laboratory euphemism for *lost*,—"it broke in the centrifuge"?

Why is it always the patient for whom you bend over backwards that sends a four page letter of complaint to the chief executive and yet the patient you almost half kill through an oversight sends a "thank you" card and chocolates?

Why is it that you always feel so much better after a good moan? Sure, don't I feel just grand now after all that!

COLM O'MAHONY

*Counsellor of Chester Hospital NHS Trust, CH2 1UL*